

1533

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*.....

Place of Birth Globe County Gila No. St.
(Registration District)

SEX OF CHILD* <u>male</u>	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* <u>Nov. 26, 1892</u> (Month) (Day) (Year)			
FULL NAME <u>Hector Gillespie</u>		FATHER	
FULL MAIDEN NAME <u>Dora Stewart</u>		MOTHER	

I HEREBY CERTIFY that the child described
herein has been named

Ray Hector Gillespie
(Give name in full) (Surname)
from mother's affidavit
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 11-41 A.P.

975-1126-423